Michigan Department of Community Health
CHAMPS Encounter Edits Reported on ETRR

CHAMPS Edit on ETRR	CHAMPS Disposition	CHAMPS Level	CHAMPS Plan	CHAMPS Claim Type	CHAMPS Invoice	Description
1000	Reject	Header	All		D/I/P	Header From Date - Invalid or is not less than current date.
1001	Reject	Header	All	Inpatient	I	Header Through Date is an invalid or future date for record category I for Inpatient Type of Bill.
1002	Reject	Line	All	D, P, Outpatient	D/I/P	Line From Date is missing for invoice type D or P; or I:Outpatient Type of Bill.
1002	Accept	Line	All	Inpatient	I	Line From Date is missing for invoice type I:Inpatient Type of Bill.
1008	Reject	Header	All		D/I/P	Unable to assign claim type - invalid place of service/type of bill/provider
1019	Reject	Line	All		D	Tooth Number is present, but is not a valid value.
1023	Reject	Line	All		I	Revenue Code is missing for invoice type I.
1032	Reject	Line	All		D/P	Procedure Code is missing for invoice type D or P.
1032	Accept	Line	All		I	Procedure code missing invoice type I.
1035	Reject	Header	All	Inpatient	I	Admission Date invalid, invalid format or greater than current date for Inpatient Type of Bill.
1035	Accept	Header	All	P, Outpatient	I/P	Admission Date invalid, invalid format or greater than current date.
1037	Reject	Header	All		D/I/P	Parent ERN and Health Plan not found at header OR found but Beneficiary ID and/or Billing Provider ID does not match.
1042	Reject	Header	All	Inpatient	I	Patient Status Code missing or invalid code.
1042	Accept	Header	All	Outpatient	I	Patient Status Code missing or invalid code.
1046	Reject	Line	All		D/I/P	Service Line Units (Quantity) is missing or invalid.
1049	Reject	Line	All		D/P	Line Facility Type Code (Place of Service) missing for invoice type D or P.
1053	Accept	Header	All		D/I/P	Submitted Charge Amount (Monetary Amount) missing - blank or null for record category D, I, or P and MHP, County Health Plan or MIChild encounter with a provider contract other than FFS ; PIHP/CMHSP, Dental, CA encounter.
1054	Reject	Header	All		D/I/P	Number of claim lines less than 1.
1091	Reject	Line	All		D/P	Diagnosis Code Pointer missing, invalid or pointing to an invalid diagnosis.
1098	Reject	Header	All		D/I/P	Subscriber Primary Identifier is missing or does not exist in appropriate eligibility file. (Medicaid for MHP, CHP or Dental. Child Identification Number for MIChild. Client ID in TEDS data for CA, Consumer Unique ID in QI data for CMH.)
1138	Reject	Header	All		D/I/P	Principal Diagnosis Code can not be an E code.
1234	Reject	Header	All		D/I/P	Claim or Line Adjudication Date invalid or not in the format CCYYMMDD.
1237	Reject	Line	MHP/CHP/ MiChild		I/P	Line Item Charge Amount missing for MHPs, County Health Plan, MIChild.
1237	Accept	Line	CMH/CA/ Dental		D/I/P	Line Item Charge Amount missing for Dental encounters.
1285	Reject	Line	MHP/CHP/ MiChild	P, Outpatient	I/P	HCPCS and NDC combinaton is not valid on professional and outpatient encounters.
1285	Accept	Line	CMH/CA	P, Outpatient	I/P	HCPCS and NDC combinaton is not valid on professional and outpatient encounters.
1363	Reject	Line	All		D/P	Line Facility Type Code (Place of Service) invalid for invoice type D or P.
1403	Reject	Header	All		D/P	Header Facility Type Code (Place of Service) invalid for invoice type D or P.
1421	Reject	Header	All		D/I/P	Diagnosis Code is not a valid diagnosis code.
1423	Accept	Header	All		D/I/P	Billing Provider Taxonomy Code is not a valid taxonomy code
1427	Reject	Header	All		D/I/P	Billing Provider Primary ID Qualifier is missing.

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1429	Reject	Header	All		I/P	Billing Provider Primary ID Number missing.
1462	Reject	Line	MHP/CHP/ MiChild	P, Outpatient	I/P	Invalid NDC submitted on encounter.
1462	Accept	Line	CMH/CA	P, Outpatient	I/P	Invalid NDC submitted on encounter.
1470	Reject	Header	All		D/I/P	Primary Diagnosis Code invalid.
1471	Reject	Header	All		I	Admission Diagnosis Code invalid diagnosis code for invoice type I.
1473	Reject	Header	All		I	E-Code Diagnosis Code is invalid.
1494	Reject	Line	All		I	Service Line Revenue Code is invalid for invoice type I.
1501	Reject	Line	All		D/I/P	Service Line Units (Quantity) is less than 0 or not numeric.
1526	Reject	Batch	All		D/I/P	Submitter Identifier is not a valid submitter ID.
1527	Reject	Batch	All		D/I/P	Submitter Identifier is missing.
1570	Reject	Header	All		I	Type of Bill is not a valid UB place of service code for invoice type I.
1607	Reject	Line	MHP/CHP/ MiChild		P	Service Line Paid Amount missing for record category D or P
1607	Accept	Line	CMH/CA/ Dental		D/P	Service Line Paid Amount missing for record category D or P
1616	Accept	Header	All		D/I/P	Other Payer Allowed Amount invalid
1619	Accept	Line	All		D/P	Service Level Approved Amount invalid for record category D or P
1621	Reject	Header	MHP/CHP/ MiChild		I/P	COB Payer Paid Amount invalid for record category D or P.
1621	Accept	Header	CMH/CA/ Dental		D/I/P	COB Payer Paid Amount invalid for record category D or P.
1647	Accept	Line	All		D/I/P	Procedure Code Modifier 1 is not a valid HCPCS procedure code modifier.
1648	Accept	Line	All		D/I/P	Procedure Code Modifier 2 is not a valid HCPCS procedure code modifier.
1649	Accept	Line	All		D/I/P	Procedure Code Modifier 3 is not a valid HCPCS procedure code modifier.
1650	Accept	Line	All		D/I/P	Procedure Code Modifier 4 is not a valid HCPCS procedure code modifier.
1652	Reject	Line	All		D/P	Service Line Procedure Code is invalid for invoice type D or P.
1652	Accept	Line	All		I	Service Line Procedure code invalid for invoice type I.
1663	Reject	Line	All		D	Tooth Surface Code 1 is invalid
1664	Reject	Line	All		D	Tooth Surface Code 2 is invalid
1665	Reject	Line	All		D	Tooth Surface Code 3 is invalid
1666	Reject	Line	All		D	Tooth Surface Code 4 is invalid
1667	Reject	Line	All		D	Tooth Surface Code 5 is invalid
1668	Accept	Line	All		D	Invalid Oral Cavity Designation Code 1
1669	Accept	Line	All		D	Invalid Oral Cavity Designation Code 2
1670	Accept	Line	All		D	Invalid Oral Cavity Designation Code 3
1671	Accept	Line	All		D	Invalid Oral Cavity Designation Code 4
1672	Accept	Line	All		D	Invalid Oral Cavity Designation Code 5
1754	Reject	Line	MHP/CHP/ MiChild	P, Outpatient	I/P	HCPCS submitted on encounter that is on the NDC Crosswalk and no NDC submitted.

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1754	Accept	Line	CMH/CA	P, Outpatient	I/P	HCPCS submitted on encounter that is on the NDC Crosswalk and no NDC submitted.
2631	Reject	Header	All		D/I/P	Other Payer Primary Identifier (e.g., Health Plan ID) is missing.
2645	Reject	Header	All		D/I/P	None of the Other Payer Primary Identifiers are valid Capitated Plans.
2650	Reject	Header	MHP/CHP/ Dental/MiChild		D/I/P	Adjudication Date is missing for a payer at **both** the header and service line.
2650	Accept	Header	CMH/CA		D/I/P	Adjudication Date is missing for a payer at **both** the header and service line.
2653	Reject	Header	All		D/I/P	There is an invalid combination of Other Payer Primary Identifiers. A Plan that submits for itself can have only 1 Other Payer Primary Identifier. A Plan that submits through a Service Bureau that is not a qualified Plan can have only 1 Other Payer.
2655	Reject	Header	All		D/I/P	Other Payer Secondary Identifier (Encounter Reference Number) is missing.
2656	Reject	Header	All		D/I/P	Parent ERN and Health Plan not found at header. No original to void or replace.
2657	Reject	Header	All		D/I/P	Previously submitted replacement/void is currently in process. Please resubmit this replacement/void next week.
2658	Reject	Header	All		D/I/P	The Parent ERN and Health Plan has been found, but the status of the prior encounter does not allow this encounter to be processed.
2659	Reject	Header	All		D/I/P	Original Other Payer Secondary Identifier (Encounter Reference Number) encounter already exists or is duplicated within the input batch.
2660	Reject	Header	All	Inpatient	I	Admission Diagnosis Code is missing on inpatient encounter.
20101	Reject	Header	All		D/I/P	Subscriber Primary Identifier does not exist in the eligibility file for the date of service being reported. (Medicaid for MHP, CHP or Dental. Client Identification Number for MIChild. Client ID in TEDS data for CA, Consumer Unique ID in QI data for CMH.)
20140	Reject	Header	All	Inpatient	I	Admission Date is missing for Inpatient Type of Bill with Room and Board revenue codes.
20143	Reject	Header	All	Inpatient	I	Admission Date greater than the Discharge date for Inpatient Type of Bill.
20148	Reject	Header	All	Inpatient	I	Statement Through Date is missing and Discharge Status indicates that a discharge occurred for invoice type I for Inpatient Type of Bill.
20149	Reject	Header	All	Inpatient	I	Statement Through Date exists but Admission Date is missing for invoice type I for Inpatient Type of Bill.
20151	Reject	Header	All	Inpatient	I	Statement Through Date is less than the Admission Date.
20152	Reject	Header	All	Inpatient	I	Statement Through Date greater than run date Inpatient Type of Bill.
20156	Reject	Header	All	Inpatient	I	Patient Status Code (Discharge Status) is missing but the revenue code has a Room and Board Designation for invoice type I for Inpatient Type of Bill.
20171	Reject	Line	All	D, P	D/P	Service Date invalid or not in the format CCYYMMDD for invoice type D or P
20172	Reject	Line	All	D, P	D/P	Service Date greater than the run date for invoice type D or P
20175	Reject	Header	All		I	Statement From Date is missing for record category I.
20200	Reject	Header	All		D/I/P	Primary Diagnosis Code invalid on date of service.
20201	Accept	Header	All		I	Diagnosis Code is not appropriate for the subscriber's age.
20202	Accept	Header	All		I	Diagnosis Code is not appropriate for the subscriber's gender.
20205	Accept	Header	All	Inpatient	I	Admission Diagnosis Code is missing but the Revenue Code indicates an admission with Room and Board charges for invoice type I.
20207	Reject	Header	All		I	Admission Diagnosis is present and not valid on date of service.

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20210	Reject	Header	All		D/I/P	Other Diagnosis Code or E-Diagnosis Code is not valid on date of service.
20282	Accept	Line	All		D/P	Diagnosis Code Pointer points to a diagnosis code that is not appropriate for the subscriber's age for invoice type D or P.
20283	Accept	Line	All		D/P	Diagnosis Code Pointer points to a diagnosis code that is not appropriate for the subscriber's gender for invoice type D or P.
20304	Reject	Header	All		I	Principal and Other Procedure present and not valid ICD-9-CM Procedure Code.
20305	Reject	Line	All	Inpatient	I	Revenue Code 360, 361, 362, 367, or 369 submitted in revenue code field and valid ICD-9-CM Procedure not present.
20305	Accept	Line	All	D, P, Outpatient	D/I/P	Revenue Code 360, 361, 362, 367, or 369 submitted in revenue code field and valid ICD-9-CM Procedure not present.
20307	Accept	Line	All	Outpatient	I	Procedure present and not valid HCPC Procedure Code on date of service for record category I for Outpatient Type of Bill.
20312	Reject	Line	All	Inpatient	I	Invalid Revenue Code on Inpatient Institutional on date of service
20313	Reject	Line	All	Outpatient	I	Invalid Revenue Code on Outpatient Institutional on date of service
20321	Reject	Line	All		D/P	Service Line Procedure Code invalid on date of service.
20324	Reject	Line	All		I	Service Line Procedure Code invalid on date of service.
20520	Reject	Header	MHP/MIChild/ CA		I/P	Billing Provider Primary ID ten digit NPI missing for record category I or P and procedure code is not linked to atypical provider for MHP, MIChild or CA encounter.
20520	Accept	Header	CMH/Dental		I/P	Billing Provider Primary ID ten digit NPI missing for record category I or P and procedure code is not linked to atypical provider for MHP, MIChild or CA encounter.
20522	Reject	Line	MHP/MIChild/ CA		P	Rendering Provider Primary ID ten digit NPI missing for record category P and procedure code is not linked to atypical provider for MHP or MIChild encounter.
20522	Accept	Line	CMH/Dental		P	Rendering Provider Primary ID ten digit NPI missing for record category P and procedure code is not linked to atypical provider for MHP or MIChild encounter.
20558	Accept	Header	All		D/I/P	Submitted Charge Amount (Monetary Amount) missing - zeros, blank or null for MHP, County Health Plan or MIChild encounter with a FFS provider contract; Capitated Dental Plan, CMH or CA.
20560	Accept	Line	MHP/CHP/ MiChild/Dental		D/I/P	Line Item Charge Amount (Monetary Amount) zeros for record category D, I, or P and MHPs, County Health Plan, MIChild or Dental encounter with a FFS provider contract
20560	Accept	Line	CA		I/P	Line Item Charge Amount (Monetary Amount) zeros for record category I or P and CA encounter with a FFS provider contract.
20574	Accept	Header	All		D/I/P	Adjusted Amount missing at both the claim and the service line and the Total Submitted Charges do not equal the COB Payer Paid Amount.
20703	Reject	Header	All		D/I/P	All service lines for the encounter were rejected; therefore, encounter rejected.
20900	Reject	Header	All		D/I/P	History TCN missing or not found for encounter